



Ryan White Planning Council Membership Application

Directions: Please complete this application, and sign the Statement of Member Commitment. Return the completed form to:

Planning Council Support
4041 North Central Avenue
STE 1537
Phoenix, AZ 85012

Fax: 602 506-6896

All information in this application is confidential. It is seen only by the Planning Council Support staff and, as needed, by members of the Membership Committee and/or the Executive Committee during the application selection process.

Contact Information *(please print)*

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Home phone: _____

Alternate phone: _____

Preferred way to be contacted between 9:00 am and 5:00 pm?

☐ Home Phone ☐ Alternate Phone ☐ Email

Birthday (month/day only): _____ / _____

May we add you to our email list? ☐ Yes ☐ No

Agency/Organization Affiliation *(if applicable)*

Job Title: _____

Organization: _____

PLEASE READ AND SIGN THIS SECTION

Statement of Member Commitment

If selected as a member of the Planning Council, I will commit to the following:

Check off each statement to show your commitment

- ☐ I confirm that, to the best of my ability, I am able to attend the regularly scheduled monthly Planning Council meeting (currently the second Thursday of each month, from 5:00 pm to 6:30 pm). I will notify Planning Council Support in advance if I am unable to a meeting. **If you are not able to attend the monthly Council meeting on a regular basis, you cannot be considered for Planning Council membership.**
- ☐ I understand that membership on the Planning Council is a three-year commitment. I have considered my personal and professional commitments and do not foresee them as a barrier to my full participation on the Planning Council.
- ☐ I agree to abide by the Bylaws, policies and procedures of the Planning Council.
- ☐ I agree to participate in Planning Council functions from beginning to adjournment.
- ☐ I understand I will need to prepare for meetings by carefully reading all pre-distributed materials.
- ☐ When I make recommendations and/or decisions, I agree to consider the HIV community as a whole, rather than just special interests or my personal perspectives.
- ☐ I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/or Committees.
- ☐ I certify that all statements and representations made in this application are true and correct.

Signature

Date

HIV status:

- ☐ Positive
☐ Negative
☐ Prefer not to specify
☐ Unknown

If you are not HIV positive, are you directly affected by HIV in some way? (for instance, do you have an HIV positive family member/significant other)?

- ☐ Yes ☐ No If yes, how? _____

Gender:

- ☐ Female
☐ Male
☐ Transgendered
☐ Other

Current age:

- ☐ 16 to 19 years
☐ 20 to 44 years
☐ 45+ years
☐ Prefer not to specify

Race/Ethnicity:

- ☐ White, not Hispanic
☐ Black, not Hispanic
☐ Asian/Pacific Islander
☐ Hispanic
☐ American Indian/Alaska Native
☐ Multi-race (more than one)
☐ Prefer not to specify
☐ Other: _____

Have you received Ryan White Part A-funded services within the last six (6) months?

- ☐ Yes ☐ No ☐ I'm not sure

Are you a volunteer for any organization(s)?

- ☐ HIV/AIDS organization ☐ Board member
☐ Other organization ☐ Board member

List organization(s) and hours per week you volunteer:

Describe why you wish to become a member of the Ryan White Planning Council:

What skills, abilities and/or experience do you have that can be helpful to the Planning Council?

- ☐ Life Experience
☐ Planning Experience
☐ Rules/Policy Development
☐ Education/Training Experience
☐ Budgeting/Financial Planning Experience
☐ Other—Describe: _____

How did you learn about the Planning Council?

Can we assist you with any special accommodation (such as transportation assistance, wheelchair accessibility, or translation services) to help you participate fully on the Planning Council?

- ☐ No ☐ Yes. I need assistance with:

What languages do you speak?

- ☐ English
☐ Spanish
☐ Other: _____

Other comments you'd like to share: _____

Representation

	I'm an employee or Board member of a Ryan White-funded Service Provider <i>Check all that apply</i>	I'm an employee or Board member of a Non-Ryan White funded Service Provider <i>Check all that apply</i>	I'm a member of the general public <i>Check all that apply</i>
Representative of individuals living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who receive Ryan White Part A services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals living with HIV/AIDS who are co-infected with hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of affected communities; including populations hard-hit with HIV disease and historically underserved populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of individuals who are former Federal, State, or local prisoners released from the custody of the penal system during the preceding three years, and who had HIV/AIDS as of the date of their release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of a Federally recognized Indian tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-elected community leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elected leader of a local municipality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of health care providers, including Federally qualified health centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of an HIV/AIDS service organization or community based organization serving affected populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a social service provider, including providers of housing and homeless services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a mental health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee or Board member of a substance abuse provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a Maricopa County public health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a Pinal County public health agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grantees under other Federal HIV programs, including but not limited to HIV prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of AHCCCS (state Medicaid agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of Ryan White Part D, or representative of an organization with a history of serving children, youth, women and families living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a local medical organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a hospital planning agency or health care planning agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative of a primary or secondary educational institution, or university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Do you identify as belonging to any of the following groups?

Heterosexual Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gay, lesbian or bisexual individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian of a child living with HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Application Process

Complete this application, and be sure to sign the Statement of Member Commitment on page 1. Return the completed form to:

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Phoenix, AZ 85012

Fax: 602 506-6896

- Once received, your application will be reviewed to ensure it is complete. We will contact you to confirm we have received it.
- Your application will then be added to the pool of applications for the Membership Committee to review.
- At each monthly Membership Committee meeting, the membership profile of the Planning Council is reviewed. If new members are needed, the committee will review all of the current applications.
- If your application is chosen, you will be contacted to confirm you wish to participate. If you agree, you will be recommended to the Maricopa County Board of Supervisors (BOS) for appointment to the Planning Council. Generally, it will take about a month for the BOS to approve your appointment. You will also be encouraged to begin taking part in Planning Council activities.
- If we do not choose your application right away, don't worry! New members are appointed as people leave the Council, so sometimes it can take a while. We will keep your application active for future membership reviews, and we will keep you informed of the status of your application. In the meantime, you are welcome to take part in any of our meetings as a member of the public.

Contact the Ryan White Planning Council

Email: PlanningCouncil@mail.maricopa.gov

Phone: 602 506-5002 **Fax:** 602 506-6896

Address: Planning Council Support
4041 North Central Avenue
STE 1537
Phoenix AZ 85012

Visit our website at:

www.maricopa.gov/Public_Health/ControlPrevention/HIVAIDS/PC

About the Ryan White Planning Council

The Phoenix EMA Ryan White Planning Council is a federally mandated community group appointed by the Maricopa County Board of Supervisors to plan the organization and delivery of services provided under Part A of the Ryan White Treatment Modernization Act.

Part A funds go to Eligible Metropolitan Areas (EMAs) that have been hit hardest by the HIV epidemic. Part A funds are used to meet the emergency service needs of people living with HIV disease that are not met by any other health care programs.

Our Mission

The Phoenix EMA Ryan White Planning Council is a working consortium of affected and infected community members, service providers and health officials whose mission is to provide a client-centered, culturally competent continuum of care, meeting the needs of those living with HIV/AIDS.

The Phoenix EMA serves Maricopa and Pinal Counties.

Ryan White Planning Council Committees

Allocations: Makes recommendations on service category prioritization and allocation of funds. Oversees the priority setting and resource allocation process.

Community Planning & Assessment: Plans and conducts research to determine the needs of our community. Develops strategic plans and long-term goals for the Planning Council.

Education & Empowerment: Obtains information from the community regarding service needs. Also provides educational forums about Part A funded services and the activities of the Planning Council.

Standards: Develops standards for services provided by Ryan White Part A funds, and monitors the quality of the care that is provided.

Executive: Oversees the administration of the Planning Council.

Membership: Develops Council member recruitment and retention strategies. Oversees the member recruitment and application process.

Rules: Ensures that the Council conducts its business according to the Bylaws.

Funded by the Federal Department of Health and Human Services, Health Resources and Services Administration, The Ryan White HIV/AIDS Treatment Modernization Act and the Maricopa County Department of Public Health.